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|---|--|--|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>09763621 | <b>Applicant(s)/Patent Under Reexamination</b><br>VATER ET AL. |
|   | <b>Examiner</b><br>CARL COLIN              | <b>Art Unit</b><br>2433  |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                 |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|-----------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                 | NON-CLAIMED |  |  |  |  |  |  |  |
| 380                       |  | 263      |  |  |  | H                            | 0 | 4 | L | 9 / 00 (2006.0) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
| 380                       | 28                                       | 29       |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
| 713                       | 189                                      |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                 |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 16    | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        | 8     | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE   |  | <b>Total Claims Allowed:</b><br>16 |                        |
| (Assistant Examiner)                           |  | (Date)                             |                        |
| /CARL COLIN/<br>Primary Examiner.Art Unit 2433 |  | 06/07/2009                         |                        |
| (Primary Examiner)                             |  | (Date)                             |                        |
|  |  | O.G. Print Claim(s)<br>1           | O.G. Print Figure<br>1 |